

9146

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 153	
1. PLACE OF DEATH		Yavapai		STATE ARIZONA		REGISTERED NO. 275	
COUNTY		TOWNSHIP		OR VILLAGE		OR	
CITY		Prescott		ST.		WARD	
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)							
LENGTH OF RESIDENCE		IN CITY OR TOWN WHERE DEATH OCCURRED		25 YRS.		MOS.	
2. FULL NAME		Lawson R. Hebb		HOW LONG IN U. S. IF OF FOREIGN BIRTH		YRS.	
(A) RESIDENCE NO.		420 South Cortez		HOW LONG IN STATE WHEN DEATH OCCURRED		17 YRS.	
(USUAL PLACE OF ABODE)		ST.		WARD.		(IF NOW RESIDENT GIVE CITY OR TOWN AND STATE)	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH 93c			
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD)		21. DATE OF DEATH (MONTH, DAY, AND YEAR)		2/13/38, 19	
Male	White	Married		22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM		12/20/37, 19 TO 2/13/38, 19	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		Mrs. Lucy Hebb		I LAST SAW H. <u>18</u> ALIVE ON		2/13/38, 19; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 6.00 A.M.	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				Sep. 2, 1865.			
7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.		DATE OF ONSET	
42	5	11				Ch. Myocarditis Unknown	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.		Stationery Engineer		Bronchial Asthma		about 20 yrs ago	
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:			
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)		Mulberry Village Tenn.		NAME OF OPERATION		DATE OF	
13. NAME		George V. Hebb		WHAT TEST		Signs	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)		Washington D. C.		CONFIRMED DIAGNOSIS		WAS THERE AN AUTOPSY	
15. MAIDEN NAME		Jane Yell		23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE?		DATE OF INJURY, 19	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)		Louisville Ky.		WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)			
17. INFORMANT (ADDRESS)		Mrs. Lucy Hebb Prescott, Arizona.		SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE			
18. BURIAL, CREMATION, OR REMOVAL PLACE		Burial Mt. View Cemetery		MANNER OF INJURY			
19. EMBALMER (ADDRESS)		Lester Ruffner Prescott, Arizona.		NATURE OF INJURY			
20. FILED		7/16, 1938		24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?		No	
		REGISTRAR		IF SO, SPECIFY (SIGNED)		J. P. McCall, M.D.	
				(ADDRESS)		Prescott, Arizona	